

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15225  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Joperson Registration District No. 421  
(b) Township Litus, Mo. Primary Registration District No. 4249 Registered No. 37  
(c) City Litus, Mo. (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. \_\_\_\_\_ (f) How long in U. S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_

## 2. PRINT FULL NAME

557 Miles Cunningham  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OR (OR) WIFE OF) Lorinda Cunningham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 - 185

7. AGE YEARS 86 MONTHS 7 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Mo.

FATHER 13. NAME Adison Cunningham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Permelia Holsted

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mr Wm Vertes Litus Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Meramec 4-17-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) First and Litus Mo

20. FILED 4/17 1939 J. E. Rutledge M.D. Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15-1939

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1939, to April 15, 1939  
I last saw him alive on April 13, 1939. Death is said to have occurred on the date stated above, at 2:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Infirmitiy of old age (Debilitas senilis)  
Chronic myocarditis Unknown

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) Bertalan Polgar, M. D.  
(Address) Litus

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

*Eleana Prouice*

, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Eleana Prouice*

Licensed Embalmer No. \_\_\_\_\_

*3403*

P. O. Address \_\_\_\_\_

*Festus Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**